

**EMPLOYERS  
ANNUAL RECONCILIATION  
of Wisconsin Income Tax Withheld**

Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Wisconsin Tax Account Number
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☐ Check here if this is an **AMENDED** return

☐ Check here if W-2c is included

☐ Check if address changed

☐ Check if business discontinued  
(enter discontinuation date below)

\_\_\_\_\_  
(MM DD YYYY)

Use **BLACK INK** Only

**DUE DATE:**



**Please complete this form if you have an active account even if you did not have employees this year.**

Federal Employer Identification Number
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Print numbers like this → 0 1 2 3 4 5 6 7 8 9

Not like this → Ø 1 4 7

NO COMMAS

1. Enter the number of employee W-2s ..... **1** \_\_\_\_\_
2. Enter the number of 1099-MISCs ..... **2** \_\_\_\_\_
3. Enter the number of other informational returns ..... **3** \_\_\_\_\_
4. Total (Add lines 1, 2, and 3) ..... **4** \_\_\_\_\_
5. Total Wisconsin tax withheld shown on W-2s and other information returns ..... **5** \_\_\_\_\_
6. Wisconsin tax withheld according to payroll records for:
  - a. Quarter ended March 31 (Months of Jan, Feb, Mar) ..... 1<sup>st</sup> Qtr **6a** \_\_\_\_\_
  - b. Quarter ended June 30 (Months of Apr, May, June) ..... 2<sup>nd</sup> Qtr **6b** \_\_\_\_\_
  - c. Quarter ended September 30 (Months of July, Aug, Sept) ..... 3<sup>rd</sup> Qtr **6c** \_\_\_\_\_
  - d. Quarter ended December 31 (Months of Oct, Nov, Dec) ..... 4<sup>th</sup> Qtr **6d** \_\_\_\_\_
  - e. Total (Add lines 6a, 6b, 6c, and 6d) ..... TOTAL **6e** \_\_\_\_\_
7. Enter the amount from line 5 or 6e. If the amounts are not equal, enter the larger amount . **7** \_\_\_\_\_
8. Total withholding reported on Deposit Reports (Forms WT-6 or EFT) ..... **8** \_\_\_\_\_
9. If line 7 is more than line 8, enter the difference on line 9. This is the TAX AMOUNT DUE **9** \_\_\_\_\_
10. If line 8 is more than line 7, enter the difference as the amount OVERPAID ..... **10** \_\_\_\_\_

NOTE: If you are an annual filer, payment should accompany this form.

Mail your return to: Wisconsin Department of Revenue PO Box 8981, Madison WI 53708-8981
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**Phone: (608) 266-2776**  
**Email: [dorwithholdingtax@wisconsin.gov](mailto:dorwithholdingtax@wisconsin.gov)**  
**Website: [revenue.wi.gov](http://revenue.wi.gov)**

*I hereby declare that this Reconciliation is true and complete to the best of my knowledge and belief.*

Contact Person (please print clearly)	Signature	Phone Number	Date
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